

Date: / /

**Notice Form for Money Laundering or Financing of Terrorism Suspicious Transaction to be Filled by Mobile Payment Service Provider or their Representatives, Except Banks**

For the use of the unit
Notice No.:
Notice Date:

New Notice  Amendment to a Previous Notice

**First: Information about the Reporter:**

**a. Mobile payment service providers**

- 1- Commercial Name
- 2- Company's Name
- 3- Registration information maintained by competent authorities

Registration No.		Registration Date	/ /
Company Type		Nature of Business Activity	
Nationality		Company National Number	

**4- Authorized signatory/ signatories**

Name		National No.		Status	
Name		National No.		Status	

**5- Address in Jordan**

Governorate		City		Neighborhood	
Street			Building No.		
P.O Box		Postal Code		Phone No.	
Mobile No.			Fax No.		

The confidentiality of information indicated in the notice form hereunder shall be maintained and not be disclosed to any non-competent entity including suspected customers or otherwise would be subject to legal liability stipulated in Anti-Money Laundering and Combating the Financing of Terrorism Law in force.

6- Name of the Reporting Officer:

Mobile No.		E-mail	
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7- Branch where the Transaction was Conducted

b. Representatives of Mobile Payment Service Providers:

- 1- Commercial Name
- 2- Type of Commercial Record:  Company  Individual Institution
- 3- Name of the Company or Institution
- 4- Registration Information maintained by Concerned Authorities

Registration No.		Registration Date	/ /
Company Type		Nature of Business Activity	
Nationality		Company National Number	

5. Authorized signatory/ signatories

Name		National No.		Status	
Name		National No.		Status	

6. Address in Jordan

Governorate		City		Neighborhood	
Street			Building No.		
P.O Box		Postal Code		Phone No.	
Mobile No.			Fax No.		

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7. Name of Reporting Officer:

Mobile No.		E-mail	
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8. Branch where the Transaction was Conducted

**Second: Information About the Suspected Person:**

**a- Natural person**

1. Person's Name
2. Nature of Business Activity
3. Information of the Identification Document

Document type	Document No.	Nationality	National Number for Jordanians	Gender	
				Male	Female
Place of Issuance		Issuance date	Expiry Date		
Date of Birth			Place of Birth		
4. Employer					
5. Residence Indicator			<input type="checkbox"/> Resident	<input type="checkbox"/> Non-resident	

6. Permanent Residence Address

Country		P.O Box		Postal Code	
Phone No.		Mobile No.		Fax No.	

7. Address in Jordan

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Governorate		City		Neighborhood	
Street			Building No.		
P.O Box		Postal Code		Phone No.	
Mobile No.			Fax No.		
Mobile Number Registered for the Electronic Payment Service					

**b- Legal Person**

1. Commercial Name
2. Company Name
3. Registration Information maintained by Concerned Authorities

Registration No.		Registration Date	/ /
Company Type		Nature of Business Activity	
Nationality		Company national number	
Does the company have a relation with other companies?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Mention them			
4. Residence indicator	<input type="checkbox"/> Resident	<input type="checkbox"/> Non-Resident	

5. Permanent residence address

Country		P.O Box		Postal Code	
Phone No.		Mobile No.		Fax No.	

6. Address in Jordan

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Governorate		City		Neighborhood	
Street			Building No.		
P.O Box		Postal Code		Phone No.	
Mobile No.			Fax No.		
Mobile Number Registered for the Electronic Payment Service					

### 7. Authorized signatories

Name	Nationality	National No.	Status

### **Third: Relation between the Suspected Person and the Reporting Party:**

1. Is there a relation between the suspected person and the reporting party?  Yes  No
2. Nature of relation between the suspected person and the reporting party

<input type="checkbox"/> Customer <input type="checkbox"/> Employee <input type="checkbox"/> Partner <input type="checkbox"/> Accountant <input type="checkbox"/> Lawyer <input type="checkbox"/> other (specify)
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3. Is it a functional relationship?  Yes  No
4. If the answer is yes, what is the nature of this relation?

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Still working    Suspended from Work  
 Terminated    Resigned  
 Date of suspension/ termination/ resignation:   /   /

**Forth: Real Beneficiary:**

1. Real beneficiary's name
2. Information of the identification document

Document type	Document No.	Nationality	National Number for Jordanians		Gender	
					Male	Female
Place of Issuance		Issuance date		Expiry Date		
Date of Birth			Place of Birth			
3.Nature of business activity				4.Employer		
5.Residence Indicator			<input type="checkbox"/> Resident		<input type="checkbox"/> Non-Resident	

**6. Permanent Residence Address**

Country		P.O Box		Postal Code	
Phone No.		Mobile No.		Fax No.	

**7. Address in Jordan**

The confidentiality of information indicated in the notice form hereunder shall be maintained and not be disclosed to any non-competent entity including suspected customers or otherwise would be subject to legal liability stipulated in Anti-Money Laundering and Combating the Financing of Terrorism Law in force.

Governorate		City		Neighborhood	
Street			Building No.		
P.O Box		Postal Code		Phone No.	
Mobile No.			Fax No.		
Mobile Number Registered for the Electronic Payment Service					

**Fifth: Information Related to the suspicious Transaction:**

1. Transaction Date / /			
2. Date of Suspicion / /			
3. Transaction Value:			
Currency		Equivalent value in JD	
4. Type of Transaction: <input type="checkbox"/> Opening an e-wallet account <input type="checkbox"/> Cash feed in wallet account <input type="checkbox"/> Cash withdrawal from the e-wallet <input type="checkbox"/> Cash withdrawal from ATM affiliated to BIS <input type="checkbox"/> Receiving electronic transfer <input type="checkbox"/> Issuing electronic transfer <input type="checkbox"/> Others (specify)			
5. Method of feeding E-wallet account			
<input type="checkbox"/> Cash payment	<input type="checkbox"/> Transfer from a foreign bank	<input type="checkbox"/> Cheques	<input type="checkbox"/> Credit card
<input type="checkbox"/> Other (specify)			
6. Name of paying person			
7. Bank name (transfer issuance/ drawee bank/ card issuance):			

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8. The country where the bank operates	
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**Sixth: Type of Suspicion:**

<ul style="list-style-type: none"><li><input type="checkbox"/> Forgery</li><li><input type="checkbox"/> Embezzlement</li><li><input type="checkbox"/> Fraud</li><li><input type="checkbox"/> Manipulating Financial Markets</li><li><input type="checkbox"/> Organized Crime <input type="checkbox"/> Theft <input type="checkbox"/> Financing of Terrorism</li><li><input type="checkbox"/> Illegal Arm Trading <input type="checkbox"/> Human Trafficking</li><li><input type="checkbox"/> Drug Trafficking</li><li><input type="checkbox"/> Others (specify)</li></ul>
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**Seventh: Brief description of the suspected transaction (documents and records available shall be attached):**

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**Eighth: Causes and reasons for suspicion:**

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**Ninth: Procedures carried out by the reporting party to verify the validity of suspicion:**

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Signature    Stamp

The confidentiality of information indicated in the notice form hereunder shall be maintained and not be disclosed to any non-competent entity including suspected customers or otherwise would be subject to legal liability stipulated in Anti-Money Laundering and Combating the Financing of Terrorism Law in force.

**Guidelines to fill the notice form of money laundering or financing of terrorism suspicious transactions filled by entities subject to the provisions of anti-money laundering and combating the financing of terrorism in force**

**The following instructions shall be followed when filling the attached form:**

1. Fill the form using a computer. The notice form can be downloaded from the Unit website: [www.amlu.gov.jo](http://www.amlu.gov.jo) under the item “Entities Obligated to Report” then click on “Forms”. In the event that such filling is difficult, the form may be filled in hand writing in clear and readable form.
2. The form shall be sent to the director of anti-money laundering and combating the financing of terrorism unit signed by the reporting officer nominated by the reporting party.
3. The notice form shall be delivered by hand to anti- money laundering and combating the financing of terrorism unit. In the events that require informing the unit urgently, the form shall be sent via fax or e-mail provided that it is protected by a password. The original copy shall be sent to the unit without any delay, noting that the address of the Unit is as follows:

**Anti-Money Laundering and Combating the Financing of Terrorism Unit**

**Amman- Prince Shakir Bin Zayd Street**

**Building No. 52**

**Tel: 00962-6-5630570**

**Fax: 00962-6-5630572**

**E-mail: [info@amlu.gov.jo](mailto:info@amlu.gov.jo)**

The confidentiality of information indicated in the notice form hereunder shall be maintained and not be disclosed to any non-competent entity including suspected customers or otherwise would be subject to legal liability stipulated in Anti-Money Laundering and Combating the Financing of Terrorism Law in force.

4. Subject to legal liability, the confidentiality of the information indicated in the reporting form shall be maintained and not be disclosed to any non- competent entity including the suspected customer.
5. The data concerning the natural person shall be collected from the identification document and from the registration certificate issued by the competent authorities in the case of a legal person.
6. If the suspected person was the representative of another person, the suspected person data shall be mentioned in item (second/a) and the information concerning (authentic- true beneficiary) shall be mentioned in item (Forth)
7. In the event of the existence of more than one authorized signatory for the legal person, all of them shall be mentioned in item (Second/b/7)
8. Under item Ninth, procedures carried out by the reporting party to verify the validity of suspicion shall include, for example, the searching operations within the government and commercial database in addition to verification operations of the purpose of the operations conducted by the suspected person and its compatibility with the nature of his/ her nature of activity.
9. In the event of multiple options, the required option shall be marked with a  $\sqrt{\quad}$  sign.
10. Copies of all documents and certificates available and necessary for assisting the unit to perform its duty shall be attached to the notice.

The confidentiality of information indicated in the notice form hereunder shall be maintained and not be disclosed to any non-competent entity including suspected customers or otherwise would be subject to legal liability stipulated in Anti-Money Laundering and Combating the Financing of Terrorism Law in force.

11. In the event that the notice was an amendment for a previous notice, only the information that need to be amended shall be filled in a blank form. It is necessary to indicate the original notice date and the name of the suspected person.
  
12. The Anti-Money Laundering and Combating the Financing of Terrorism Law and any other required information can be obtained through the unit website: [www.amlu.gov.jo](http://www.amlu.gov.jo)

The confidentiality of information indicated in the notice form hereunder shall be maintained and not be disclosed to any non-competent entity including suspected customers or otherwise would be subject to legal liability stipulated in Anti-Money Laundering and Combating the Financing of Terrorism Law in force.